

DEC 12 2005

S&amp;H Form: PTO/SB/30 (12/04)

# REQUEST FOR CONTINUED EXAMINATION (RCE)

## TRANSMITTAL

(INCLUDING FILING FEE AND/OR PETITION FOR  
EXTENSION OF TIME FEE)


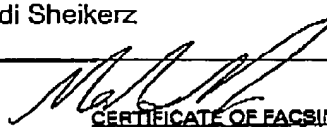
*Subsection (b) of 35 U.S.C. §132, effective May 29, 2000  
provides for continued examination of a utility or plant application  
filed on or after June 8, 1995.  
See The American Inventors Protection Act of 1999 (AIPA)*

To: <b>Commissioner for Patents</b> <b>Box RCE</b> <b>PO Box 1450</b> <b>Alexandria, VA 22313-1450</b>		Attorney Docket No.:1095.1182	
First Named Inventor	Hiroyuki SUZUKI, et al.		
Application No.	09/834,623	Group Art Unit	2624
Filing Date	April 16, 2001	Examiner	Thompson, James A.
CPA Filing Date		Confirmation No	3910
Title of Invention	IMAGE PROCESSING APPARATUS AND METHOD		
This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.			
<p>1.</p> <p><b>Submission required under 37 C.F.R. §1.114 (Box a or b must be completed)</b></p> <p>a. <input type="checkbox"/> Previously submitted</p> <p>i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on ____ (Any unentered amendment(s) referred to above will be entered).</p> <p>ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____</p> <p>iii. <input type="checkbox"/> Other</p> <p>b. <input checked="" type="checkbox"/> Enclosed</p> <p>i. <input checked="" type="checkbox"/> Amendment/Reply</p> <p>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</p> <p>iii. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p>iv. <input type="checkbox"/> Other</p> <p>2.</p> <p><b>Miscellaneous</b></p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. §103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(i) required).</p> <p>b. <input type="checkbox"/> Other</p>			

12/14/2005 WABDEL1 00000043 193935 09834623

01 FC:1801 790.00 DA  
02 FC:1252 330.00 DA

Serial No. 09/834,623

Claims As Amended		Claims Remaining After Amendment		Highest Number Previously Paid For		Number Extra		Rate	
Total Claims		17		20		- 20 =		0	
Independent Claims		3		3		- 3 =		0	
SUSPENSION FEE (\$130.00)									
Total of above Calculations =									
Reduction by 50% for filing by small entity (Note 37 C.F.R. 1.9, 1.27, 1.28).									
TOTAL FEES DUE =									
4. <input type="checkbox"/> Small entity status: a. <input type="checkbox"/> Verified Statement Claiming Small Entity Status. b. <input type="checkbox"/> A Verified Statement Claiming Small Entity Status was previously filed and such status is still proper and desired. c. <input type="checkbox"/> is no longer claimed. 5. <input type="checkbox"/> Other:									
6. METHOD OF PAYMENT <input type="checkbox"/> A check in the amount of \$ \$1120.00 is enclosed. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to Deposit Account No. 19-3935. (A duplicate copy of this form is enclosed.)									
7. GENERAL AUTHORIZATION <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit any overpayment or charge any additional fees under 37 C.F.R. 1.16 (filing fees) or 37 C.F.R. 1.17 (processing fees) during the prosecution of this application and of any related application(s) claiming benefit hereof pursuant to 35 U.S.C. §120 to maintain pendency hereof and of any such related application to: Deposit Account No. 19-3935.									
8. CORRESPONDENCE ADDRESS STAAS & HALSEY LLP  21171 PATENT TRADEMARK OFFICE									
9. SIGNATURE OF ATTORNEY OR AGENT REQUIRED NAME Mehdi Sheikerz REGISTRATION NO. 41,307 SIGNATURE  DATE December 12, 2005									

## CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450

on December 12, 2005

STAAS &amp; HALSEY

By: Mehdi Sheikerz

Date: December 12, 2005